

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	10/089788			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21			/				71			
22			/				72			
23			/				73			
24			/				74			
25			/				75			
26			/				76			
27			/				77			
28			/				78			
29			/				79			
30			/				80			
31			/				81			
32			/				82			
33			/				83			
34			/				84			
35			/				85			
36			/				86			
37			/				87			
38			/				88			
39			/				89			
40			/				90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			3				TOTAL IND.			
TOTAL DEP.			3				TOTAL DEP.			
TOTAL CLAIMS			50				TOTAL CLAIMS			